

PLACE OF BIRTH

1. County of Gila
 District of _____
 Town of Miami
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 147
 County Registrar No. _____
 Local Registrar No. 109

2. Full name of child Elena Bustamante (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth June 9th 1925 (If child is not yet named, make supplemental report, as directed.)
 Month Day Year

8. FATHER
 Full name Alberto Bustamante
 9. Residence (Usual place of abode)
 If non-resident, give place and state. 9234 Rose Road
 10. Color or race Mexican 11. Age at last birthday 29 (Years)

12. Birthplace (city or place) San Andres
 (State or country) Chihuahua, Mex.
 13. Occupation miner
 Nature of Industry mining

14. MOTHER
 Full maiden name Maria Bustamante
 15. Residence (Usual place of abode)
 If non-resident, give place and state. 9234 Rose Road
 16. Color or race Mexican 17. Age at last birthday 32 (Years)

18. Birthplace (city or place)
 (State or country) Metcalf, Ariz.
 19. Occupation Housewife
 Nature of Industry _____

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living first one 21. Were precautions taken against ophthalmia neonatorum? yes
 (b) Born alive but now dead _____
 (c) Stillborn _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11:20 P.m. on the date above stated
 (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Rosa Cortez (Physician or midwife).
 Address Indian St. # 117

Given name added from a supplemental report
 Month, day, year _____

Filed June 17, 1925 C. E. Torin
 Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

525-609-425

WRITE IN INK ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.